

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
Sierra Vista Adult Family Home - Lavinia Birley	751766

NOTE: The term "the home" refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through "reasonable accommodations." The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see Chapter 388-76 of Washington Administrative Code.

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	About the Home	
1. PROVIDERS STATEMENT (OF	PTIONAL)	
The optional provider's state home.	ement is free text description of the mission, values, and/or other distinct attributes of the	
Sierra Vista's mission is to provide a loving and compassionate home like environment.		
Sierra Vista's staff works with the medical professionals in the area for continuity of care at the highest		
level possible.		
2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:	
09/17/2010	NA	
4. SAME ADDRESS PREVIOUSLY LICENSED AS:		
5. OWNERSHIP		
Sole proprietor Sole proprietor		
Limited Liability Corporation		
☐ Co-owned by:		
Other:		

Personal Care

"Personal care services" means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident's needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

1. EATING

If needed, the home may provide assistance with eating as follows:

Our staff provides eating assistance from cuing and monitoring to total assistance.

2. TOILETING

If needed, the home may provide assistance with toileting as follows:

Our staff provides toileting assistance from cuing and monitoring to total assistance.

3. WALKING

If needed, the home may provide assistance with walking as follows:

Our staff provides walking assistance from cuing and monitoring to a one person assist with the use of mobility devices.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

Our staff provides transfer assistance from cuing and monitoring to a one person assist with the use of transferring devices.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

Our staff provides assistance with positioning from cuing and monitoring to a one person assist.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

Our staff provides assistance with personal hygiene from cuing and set up to total assistance.

7. DRESSING

If needed, the home may provide assistance with dressing as follows:

Our staff provides assistance with dressing from cuing and set up to total assistance.

8. BATHING

If needed, the home may provide assistance with bathing as follows:

Our staff provides assistance with bathing from cuing and set up to total assistance.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Facility has a walk-in shower equiped with a roll-in shower chair.

Medication Services

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is:

Our staff provides assistance with medications from cuing and monitoring to administering medications through nurse delegation.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Facility has a nurse delegator in place to aide staff in proper assistance and/or administration of medications

Skilled Nursing Services and Nurse Delegation
If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)
The home provides the following skilled nursing services:
Our staff provides all skilled nursing services that are able to be delegated by the nurse delegator (wound
care, catheter care, etc.).
The home has the ability to provide the following skilled nursing services by delegation:
Our staff provides skilled nursing services through nurse delegation.
ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION
Facility has a nurse delegator in place to aide staff in proper skilled nursing service techniques.
Specialty Care Designations
We have completed DSHS approved training for the following specialty care designations:
 □ Developmental disabilities ☑ Mental illness ☑ Dementia
ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS
All facility staff have the above training.
Staffing
The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)
☐ The provider lives in the home.
☐ A resident manager lives in the home and is responsible for the care and services of each resident at all times.
The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.
The normal staffing levels for the home are:
Registered nurse, days and times: Only as needed.
Licensed practical nurse, days and times:
□ Certified nursing assistant or long term care workers, days and times: At all times.
Awake staff at night
Other:
ADDITIONAL COMMENTS REGARDING STAFFING
Facility has one caregiver on duty at all times.
Cultural or Language Access
The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)
The home is particularly focused on residents with the following background and/or languages:
Facility focuses on clients able to communicate in English.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS	
Facility accommodates each client's dietary needs/preferences.	
Medicaid Medicaid	
The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)	
☐ The home is a private pay facility and does not accept Medicaid payments.	
☐ The home will accept Medicaid payments under the following conditions:	
Sierra Vista always accepts Medicaid as payment.	
ADDITIONAL COMMENTS REGARDING MEDICAID	
Sierra Vista accepts Medicaid or Private pay payments.	
Activities	
The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).	
The home provides the following:	
Puzzles, card games, movies, bingo, magazines, music, bird watching on the deck, etc.	
ADDITIONAL COMMENTS REGARDING ACTIVITIES	
Facility provides activities based on each client's interests.	
Facility is located in cul-de-sac, low traffic, great for walking.	